

Employee Reimbursement Form

Employee ID # [REDACTED]	Employee or Contractor Title Forensic Scientist V	Bargaining Unit Unit 9	Appropriation 80000106	Unit 2530	
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Document Total:\$	Reconciliation Date:	Schedule Pay Date:	Budget FY	
			2013	

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's Signature:**

Supervisor's Approval:	Title:	Date:
Fiscal Verification:	Title:	Date:
Fiscal Approval:	Title:	Date:
Entered Into HR/CMS By:	Title:	Date:

1

Object

B02

FY

2013

Total Expenses

\$ 66.85

\$ 66.85

\$ 67.30

\$ 66.85

\$ 66.70

Employee Reimbursement Form Con't

Institution/Division Name:		Employee ID #		Employee Name and Address				Page ____ of ____		
		Total Private Auto Mileage								
Date	Description	Odometer Readings		Total Miles	Amount	Meals	Fares	Hotel	Other Expenses	Total Expenses
		Beginning	Ending							

Employee Reimbursement Form Con't

Employee's Certification: I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement. **Employee's**

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